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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/622,800	07/18/2003	Roman Turovskiy	412692001700

CONFIRMATION NO. 3485

50855  
 UNITED STATES SURGICAL,  
 A DIVISION OF TYCO HEALTHCARE GROUP LP  
 195 MCDERMOTT ROAD  
 NORTH HAVEN, CT 06473




Date Mailed: 03/14/2006

## NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/26/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

  
 \_\_\_\_\_  
 WAN LAYMON  
 OP (571) 272-3220

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CONFIRMATION NO. 3485

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 425 MARKET STREET  
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\*OC000000018272739\*

Date Mailed: 03/14/2006

## NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/26/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

WAN LAYMON  
 OP (571) 272-3220

FORMER ATTORNEY/AGENT COPY